

## Calendar No. 716

106<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION**H. R. 4807**

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IN THE SENATE OF THE UNITED STATES

JULY 26, 2000

Received; read twice and placed on the calendar

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To amend the Public Health Service Act to revise and extend programs established under the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

**1 SECTION 1. SHORT TITLE.**

**2** This Act may be cited as the “Ryan White CARE  
**3** Act Amendments of 2000”.

**4 SEC. 2. TABLE OF CONTENTS.**

**5** The table of contents for this Act is as follows:

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TITLE II—CARE GRANT PROGRAM

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Subtitle C—Certain Partner Notification Programs

Sec. 221. Grants for compliant partner notification programs.

TITLE III—EARLY INTERVENTION SERVICES

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TITLE IV—OTHER PROGRAMS AND ACTIVITIES

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Sec. 401. Grants for coordinated services and access to research for women, infants, children, and youth.

Sec. 402. AIDS education and training centers.

Subtitle B—General Provisions in Title XXVI

Sec. 411. Evaluations and reports.

Sec. 412. Data collection through Centers for Disease Control and Prevention.

Sec. 413. Coordination.

Sec. 414. Plan regarding release of prisoners with HIV disease.

Sec. 415. Audits.

Sec. 416. Administrative simplification.

Sec. 417. Authorization of appropriations for parts A and B.

TITLE V—GENERAL PROVISIONS

Sec. 501. Studies by Institute of Medicine.

Sec. 502. Development of rapid HIV test.

TITLE VI—EFFECTIVE DATE

Sec. 601. Effective date.

1 **TITLE I—EMERGENCY RELIEF**  
 2 **FOR AREAS WITH SUBSTAN-**  
 3 **TIAL NEED FOR SERVICES**  
 4 **Subtitle A—HIV Health Services**  
 5 **Planning Councils**

6 **SEC. 101. MEMBERSHIP OF COUNCILS.**

7 (a) IN GENERAL.—Section 2602(b) of the Public  
 8 Health Service Act (42 U.S.C. 300ff–12(b)) is amended—

1           (1) in paragraph (1), by striking “demographics  
2       of the epidemic in the eligible area involved,” and in-  
3       serting “demographics of the population of individ-  
4       uals with HIV disease in the eligible area involved,”;  
5       and

6           (2) in paragraph (2)—

7                (A) in subparagraph (G), by striking “or  
8       AIDS”;

9                (B) in subparagraph (K), by striking  
10      “and” at the end;

11              (C) in subparagraph (L), by striking the  
12      period and inserting the following: “, including  
13      but not limited to providers of HIV prevention  
14      services; and”; and

15              (D) by adding at the end the following  
16      subparagraph:

17              “(M) representatives of individuals who  
18      formerly were Federal, State, or local prisoners,  
19      were released from the custody of the penal sys-  
20      tem during the preceding 3 years, and had HIV  
21      disease as of the date on which the individuals  
22      were so released.”.

23           (b) CONFLICTS OF INTERESTS.—Section 2602(b)(5)  
24   of the Public Health Service Act (42 U.S.C. 300ff—

1 12(b)(5)) is amended by adding at the end the following  
2 subparagraph:

3 “(C) COMPOSITION OF COUNCIL.—The fol-  
4 lowing applies regarding the membership of a  
5 planning council under paragraph (1):

6 “(i) Not less than 33 percent of the  
7 council shall be individuals who are receiv-  
8 ing HIV-related services pursuant to a  
9 grant under section 2601(a), are not offi-  
10 cers, employees, or consultants to any enti-  
11 ty that receives amounts from such a  
12 grant, and do not represent any such enti-  
13 ty, and reflect the demographics of the  
14 population of individuals with HIV disease  
15 as determined under paragraph (4)(A).  
16 For purposes of the preceding sentence, an  
17 individual shall be considered to be receiv-  
18 ing such services if the individual is a par-  
19 ent of, or a caregiver for, a minor child  
20 who is receiving such services.

21 “(ii) With respect to membership on  
22 the planning council, clause (i) may not be  
23 construed as having any effect on entities  
24 that receive funds from grants under any  
25 of parts B through F but do not receive

1 funds from grants under section 2601(a),  
2 on officers or employees of such entities, or  
3 on individuals who represent such enti-  
4 ties.”.

5 **SEC. 102. DUTIES OF COUNCILS.**

6 (a) IN GENERAL.—Section 2602(b)(4) of the Public  
7 Health Service Act (42 U.S.C. 300ff–12(b)(4)) is  
8 amended—

9 (1) by redesignating subparagraphs (A) through  
10 (E) as subparagraphs (C) through (G), respectively;

11 (2) by inserting before subparagraph (C) (as so  
12 redesignated) the following subparagraphs:

13 “(A) determine the size and demographics  
14 of the population of individuals with HIV dis-  
15 ease;

16 “(B) determine the needs of such popu-  
17 lation, with particular attention to—

18 “(i) individuals with HIV disease who  
19 are not receiving HIV-related services; and

20 “(ii) disparities in access and services  
21 among affected subpopulations and histori-  
22 cally underserved communities;”;

23 (3) in subparagraph (C) (as so redesignated),  
24 by striking clauses (i) through (iv) and inserting the  
25 following:

1 “(i) size and demographics of the pop-  
2 ulation of individuals with HIV disease (as  
3 determined under subparagraph (A)) and  
4 the needs of such population (as deter-  
5 mined under subparagraph (B));

6 “(ii) demonstrated (or probable) cost  
7 effectiveness and outcome effectiveness of  
8 proposed strategies and interventions, to  
9 the extent that data are reasonably avail-  
10 able;

11 “(iii) priorities of the communities  
12 with HIV disease for whom the services  
13 are intended;

14 “(iv) availability of other govern-  
15 mental and nongovernmental resources to  
16 provide HIV-related services to individuals  
17 and families with HIV disease, including  
18 the State plan under title XIX of the So-  
19 cial Security Act (relating to the Medicaid  
20 program) and the program under title XXI  
21 of such Act (relating to the program for  
22 State children’s health insurance); and

23 “(v) capacity development needs re-  
24 sulting from disparities in the availability

1 of HIV-related services in historically un-  
2 derserved communities;”;

3 (4) in subparagraph (D) (as so redesignated),  
4 by amending the subparagraph to read as follows:

5 “(D) develop a comprehensive plan for the  
6 organization and delivery of health and support  
7 services described in section 2604 that—

8 “(i) includes a strategy for identifying  
9 individuals with HIV disease who are not  
10 receiving such services and for informing  
11 the individuals of and enabling the individ-  
12 uals to utilize the services, giving par-  
13 ticular attention to eliminating disparities  
14 in access and services among affected sub-  
15 populations and historically underserved  
16 communities, and including discrete goals,  
17 a timetable, and an appropriate allocation  
18 of funds;

19 “(ii) includes a strategy to coordinate  
20 the provision of such services with pro-  
21 grams for HIV prevention and for the pre-  
22 vention and treatment of substance abuse,  
23 including programs that provide com-  
24 prehensive treatment services for such  
25 abuse; and



1 “(iii) is compatible with any State or  
2 local plan for the provision of services to  
3 individuals with HIV disease;”;

4 (5) in subparagraph (F) (as so redesignated),  
5 by striking “and” at the end;

6 (6) in subparagraph (G) (as so redesignated)—

7 (A) by striking “public meetings,” and in-  
8 serting “public meetings (in accordance with  
9 paragraph (7)),”; and

10 (B) by striking the period and inserting “;  
11 and”; and

12 (7) by adding at the end the following subpara-  
13 graph:

14 “(H) coordinate with Federal grantees that  
15 provide HIV-related services within the eligible  
16 area.”.

17 (b) PROCESS FOR ESTABLISHING ALLOCATION PRI-  
18 ORITIES.—Section 2602 of the Public Health Service Act  
19 (42 U.S.C. 300ff–12) is amended by adding at the end  
20 the following subsection:

21 “(d) PROCESS FOR ESTABLISHING ALLOCATION PRI-  
22 ORITIES.—Promptly after the date of the submission of  
23 the report required in section 501(b) of the Ryan White  
24 CARE Act Amendments of 2000 (relating to the relation-  
25 ship between epidemiological measures and health care for

1 certain individuals with HIV disease), the Secretary, in  
2 consultation with entities that receive amounts from  
3 grants under section 2601(a) or 2611, shall develop epi-  
4 demiologic measures—

5 “(1) for establishing the number of individuals  
6 living with HIV disease who are not receiving HIV-  
7 related health services; and

8 “(2) for carrying out the duties under sub-  
9 section (b)(4) and section 2617(b).”.

10 (c) TRAINING.—Section 2602 of the Public Health  
11 Service Act (42 U.S.C. 300ff–12), as amended by sub-  
12 section (b) of this section, is amended by adding at the  
13 end the following subsection:

14 “(e) TRAINING GUIDANCE AND MATERIALS.—The  
15 Secretary shall provide to each chief elected official receiv-  
16 ing a grant under 2601(a) guidelines and materials for  
17 training members of the planning council under paragraph  
18 (1) regarding the duties of the council.”.

19 **SEC. 103. OPEN MEETINGS; OTHER ADDITIONAL PROVI-**  
20 **SIONS.**

21 Section 2602(b) of the Public Health Service Act (42  
22 U.S.C. 300ff–12(b)) is amended—

23 (1) in paragraph (3), by striking subparagraph  
24 (C); and

1           (2) by adding at the end the following para-  
2 graph:

3           “(7) PUBLIC DELIBERATIONS.—With respect to  
4 a planning council under paragraph (1), the fol-  
5 lowing applies:

6           “(A) The council may not be chaired solely  
7 by an employee of the grantee under section  
8 2601(a).

9           “(B) In accordance with criteria estab-  
10 lished by the Secretary:

11           “(i) The meetings of the council shall  
12 be open to the public and shall be held  
13 only after adequate notice to the public.

14           “(ii) The records, reports, transcripts,  
15 minutes, agenda, or other documents which  
16 were made available to or prepared for or  
17 by the council shall be available for public  
18 inspection and copying at a single location.

19           “(iii) Detailed minutes of each meet-  
20 ing of the council shall be kept. The accu-  
21 racy of all minutes shall be certified to by  
22 the chair of the council.

23           “(iv) This subparagraph does not  
24 apply to any disclosure of information of a  
25 personal nature that would constitute a

1 clearly unwarranted invasion of personal  
 2 privacy, including any disclosure of medical  
 3 information or personnel matters.”.

## 4 **Subtitle B—Type and Distribution** 5 **of Grants**

### 6 **SEC. 111. FORMULA GRANTS.**

7 (a) EXPEDITED DISTRIBUTION.—Section 2603(a)(2)  
 8 of the Public Health Service Act (42 U.S.C. 300ff–  
 9 13(a)(2)) is amended in the first sentence by striking “for  
 10 each of the fiscal years 1996 through 2000” and inserting  
 11 “for a fiscal year”.

12 (b) AMOUNT OF GRANT; ESTIMATE OF LIVING  
 13 CASES.—

14 (1) IN GENERAL.—Section 2603(a)(3)) of the  
 15 Public Health Service Act (42 U.S.C. 300ff–  
 16 13(a)(3)) is amended—

17 (A) in subparagraph (C)(i), by inserting  
 18 before the semicolon the following: “, except  
 19 that (subject to subparagraph (D)), for grants  
 20 made pursuant to this paragraph for fiscal year  
 21 2005 and subsequent fiscal years, the cases  
 22 counted for each 12-month period beginning on  
 23 or after July 1, 2004, shall be cases of HIV  
 24 disease (as reported to and confirmed by such

Director) rather than cases of acquired immune deficiency syndrome”; and

(B) in subparagraph (C), in the matter after and below clause (ii)(X)—

(i) in the first sentence, by inserting before the period the following: “, and shall be reported to the congressional committees of jurisdiction”; and

(ii) by adding at the end the following sentence: “Updates shall as applicable take into account the counting of cases of HIV disease pursuant to clause (i).”.

(2) DETERMINATION OF SECRETARY REGARDING DATA ON HIV CASES.—Section 2603(a)(3)) of the Public Health Service Act (42 U.S.C. 300ff–13(a)(3)) is amended—

(A) by redesignating subparagraph (D) as subparagraph (E); and

(B) by inserting after subparagraph (C) the following subparagraph:

“(D) DETERMINATION OF SECRETARY REGARDING DATA ON HIV CASES.—

“(i) IN GENERAL.—Not later than July 1, 2004, the Secretary shall determine whether there is data on cases of

1 HIV disease from all eligible areas (re-  
2 ported to and confirmed by the Director of  
3 the Centers for Disease Control and Pre-  
4 vention) sufficiently accurate and reliable  
5 for use for purposes of subparagraph  
6 (C)(i). In making such a determination,  
7 the Secretary shall take into consideration  
8 the findings of the study under section  
9 501(b) of the Ryan White CARE Act  
10 Amendments of 2000 (relating to the rela-  
11 tionship between epidemiological measures  
12 and health care for certain individuals with  
13 HIV disease), the fiscal impact of the use  
14 of such data, the impact of the use of such  
15 data on the organization and delivery of  
16 HIV-related services in eligible areas, and  
17 the fiscal impact of not using such data.

18 “(ii) EFFECT OF ADVERSE DETER-  
19 MINATION.—If under clause (i) the Sec-  
20 retary determines that data on cases of  
21 HIV disease is not sufficiently accurate  
22 and reliable for use for purposes of sub-  
23 paragraph (C)(i), then notwithstanding  
24 such subparagraph, for any fiscal year  
25 prior to fiscal year 2007 the references in

1           such subparagraph to cases of HIV disease  
2           do not have any legal effect.

3           “(iii) GRANTS AND TECHNICAL AS-  
4           SISTANCE REGARDING COUNTING OF HIV  
5           CASES.—Of the amounts appropriated  
6           under section 2675 for a fiscal year, the  
7           Secretary shall reserve amounts to make  
8           grants and provide technical assistance to  
9           States and eligible areas with respect to  
10          obtaining data on cases of HIV disease to  
11          ensure that data on such cases is available  
12          from all States and eligible areas as soon  
13          as is practicable but not later than the be-  
14          ginning of fiscal year 2007.”.

15          (c) INCREASES IN GRANT.—Section 2603(a)(4)) of  
16          the Public Health Service Act (42 U.S.C. 300ff–13(a)(4))  
17          is amended to read as follows:

18                 “(4) INCREASES IN GRANT.—

19                         “(A) IN GENERAL.—For each fiscal year in  
20                         a protection period for an eligible area, the Sec-  
21                         retary shall increase the amount of the grant  
22                         made pursuant to paragraph (2) for the area to  
23                         ensure that—

24                                 “(i) for the first fiscal year in the pro-  
25                                 tection period, the grant is not less than

1           98 percent of the amount of the grant  
2           made for the eligible area pursuant to such  
3           paragraph for the base year for the protec-  
4           tion period;

5           “(ii) for any second fiscal year in such  
6           period, the grant is not less than 95.7 per-  
7           cent of the amount of such base year  
8           grant;

9           “(iii) for any third fiscal year in such  
10          period, the grant is not less than 91.1 per-  
11          cent of the amount of the base year grant;

12          “(iv) for any fourth fiscal year in such  
13          period, the grant is not less than 84.2 per-  
14          cent of the amount of the base year grant;  
15          and

16          “(v) for any fifth or subsequent fiscal  
17          year in such period, the grant is not less  
18          than 75 percent of the amount of the base  
19          year grant.

20          “(B) BASE YEAR; PROTECTION PERIOD.—

21          With respect to grants made pursuant to para-  
22          graph (2) for an eligible area:

23                 “(i) The base year for a protection pe-  
24                 riod is the fiscal year preceding the trigger  
25                 grant-reduction year.



1                   “(ii) The first trigger grant-reduction  
 2                   year is the first fiscal year (after fiscal  
 3                   year 2000) for which the grant for the  
 4                   area is less than the grant for the area for  
 5                   the preceding fiscal year.

6                   “(iii) A protection period begins with  
 7                   the trigger grant-reduction year and con-  
 8                   tinues until the beginning of the first fiscal  
 9                   year for which the amount of the grant for  
 10                  the area equals or exceeds the amount of  
 11                  the grant for the base year for the period.

12                  “(iv) Any subsequent trigger grant-re-  
 13                  duction year is the first fiscal year, after  
 14                  the end of the preceding protection period,  
 15                  for which the amount of the grant is less  
 16                  than the amount of the grant for the pre-  
 17                  ceding fiscal year.”.

18 **SEC. 112. SUPPLEMENTAL GRANTS.**

19           (a) IN GENERAL.—Section 2603(b)(2) of the Public  
 20 Health Service Act (42 U.S.C. 300ff–13(b)(2)) is  
 21 amended—

22           (1) in the heading for the paragraph, by strik-  
 23           ing “DEFINITION” and inserting “AMOUNT OF  
 24           GRANT”;

1           (2) by redesignating subparagraphs (A) through  
2           (C) as subparagraphs (B) through (D), respectively;  
3           (3) by inserting before subparagraph (B) (as so  
4 redesignated) the following subparagraph:

5           “(A) IN GENERAL.—The amount of each  
6           grant made for purposes of this subsection shall  
7           be determined by the Secretary based on a  
8           weighting of factors under paragraph (1), with  
9           severe need under subparagraph (B) of such  
10          paragraph counting one-third.”;

11          (4) in subparagraph (B) (as so redesignated)—

12           (A) in clause (ii), by striking “and” at the  
13           end;

14           (B) in clause (iii), by striking the period  
15           and inserting a semicolon; and

16           (C) by adding at the end the following  
17           clauses:

18           “(iv) the current prevalence of HIV  
19           disease;

20           “(v) an increasing need for HIV-re-  
21           lated services, including relative rates of  
22           increase in the number of cases of HIV  
23           disease; and

24           “(vi) unmet need for such services, as  
25           determined under section 2602(b)(4).”;

1 (5) in subparagraph (C) (as so redesignated)—

2 (A) by striking “subparagraph (A)” each  
3 place such term appears and inserting “sub-  
4 paragraph (B)”;

5 (B) in the second sentence, by striking “2  
6 years after the date of enactment of this para-  
7 graph” and inserting “18 months after the date  
8 of the enactment of the Ryan White CARE Act  
9 Amendments of 2000”; and

10 (C) by inserting after the second sentence  
11 the following sentence: “Such a mechanism  
12 shall be modified to reflect the findings of the  
13 study under section 501(b) of the Ryan White  
14 CARE Act Amendments of 2000 (relating to  
15 the relationship between epidemiological meas-  
16 ures and health care for certain individuals with  
17 HIV disease).”; and

18 (6) in subparagraph (D) (as so redesignated),  
19 by striking “subparagraph (B)” and inserting “sub-  
20 paragraph (C)”.

21 (b) REQUIREMENTS FOR APPLICATION.—Section  
22 2603(b)(1)(E) of the Public Health Service Act (42  
23 U.S.C. 300ff–13(b)(1)(E)) is amended by inserting  
24 “youth,” after “children,”.

1 (c) CONFORMING AMENDMENT.—Section 2603(b) of  
 2 the Public Health Service Act (42 U.S.C. 300ff–13(b)) is  
 3 amended—

4 (1) by striking paragraph (4); and

5 (2) by redesignating paragraph (5) as para-  
 6 graph (4).

## 7 **Subtitle C—Other Provisions**

### 8 **SEC. 121. USE OF AMOUNTS.**

9 (a) PRIMARY PURPOSES.—Section 2604(b)(1) of the  
 10 Public Health Service Act (42 U.S.C. 300ff–14(b)(1)) is  
 11 amended—

12 (1) in the matter preceding subparagraph (A),  
 13 by striking “HIV-related—” and inserting “HIV-re-  
 14 lated services, as follows:”;

15 (2) in subparagraph (A)—

16 (A) by striking “outpatient” and all that  
 17 follows through “substance abuse treatment  
 18 and” and inserting the following: “Outpatient  
 19 and ambulatory health services, including sub-  
 20 stance abuse treatment,”; and

21 (B) by striking “; and” and inserting a pe-  
 22 riod;

23 (3) in subparagraph (B), by striking “(B) inpa-  
 24 tient case management” and inserting “(C) Inpa-  
 25 tient case management”;

1           (4) by inserting after subparagraph (A) the fol-  
2       lowing subparagraph:

3           “(B) Outpatient and ambulatory support  
4       services (including case management), to the  
5       extent that such services facilitate, support, or  
6       sustain the delivery, or benefits of health serv-  
7       ices for individuals and families with HIV dis-  
8       ease.”; and

9       (5) by adding at the end the following:

10          “(D) Outreach activities that are intended  
11       to identify individuals with HIV disease who are  
12       not receiving HIV-related services, and that  
13       are—

14               “(i) necessary to implement the strat-  
15       egy under section 2602(b)(4)(D), including  
16       activities facilitating the access of such in-  
17       dividuals to HIV-related primary care serv-  
18       ices at entities described in paragraph (3);

19               “(ii) conducted in a manner consistent  
20       with the requirements under sections  
21       2605(a)(3) and 2651(b)(2); and

22               “(iii) supplement, and do not sup-  
23       plant, such activities that are carried out  
24       with amounts appropriated under section  
25       317.”.

1 (b) ADDITIONAL PURPOSES.—Section 2604(b) (42  
2 U.S.C. 300ff–14(b)) of the Public Health Service Act is  
3 amended—

4 (1) by redesignating paragraph (3) as para-  
5 graph (4);

6 (2) by inserting after paragraph (2) the fol-  
7 lowing:

8 “(3) EARLY INTERVENTION SERVICES.—

9 “(A) IN GENERAL.—The purposes for  
10 which a grant under section 2601 may be used  
11 include providing to individuals with HIV dis-  
12 ease early intervention services described in sec-  
13 tion 2651(b)(2) (including referrals under sub-  
14 paragraph (C) of such section), subject to sub-  
15 paragraph (B). The entities through which such  
16 services may be provided under the grant in-  
17 clude public health departments, emergency  
18 rooms, substance abuse and mental health  
19 treatment programs, detoxification centers, de-  
20 tention facilities, clinics regarding sexually  
21 transmitted diseases, homeless shelters, HIV  
22 disease counseling and testing sites, health care  
23 points of entry specified by States or eligible  
24 areas, federally qualified health centers, and en-  
25 tities described in section 2652(a).

1           “(B) CONDITIONS.—With respect to an en-  
2           tity that proposes to provide early intervention  
3           services under subparagraph (A), such subpara-  
4           graph applies only if the entity demonstrates to  
5           the satisfaction of the chief elected official for  
6           the eligible area involved that—

7                   “(i) Federal, State, or local funds are  
8                   otherwise inadequate for the early inter-  
9                   vention services the entity proposes to pro-  
10                  vide; and

11                   “(ii) the entity will expend funds pur-  
12                   suant to such subparagraph to supplement  
13                   and not supplant other funds available to  
14                   the entity for the provision of early inter-  
15                   vention services for the fiscal year in-  
16                   volved.”; and

17           (3) in paragraph (4) (as so redesignated), by  
18           inserting “youth,” after “children,” each place such  
19           term appears;

20           (c) QUALITY MANAGEMENT.—Section 2604 of the  
21           Public Health Service Act (42 U.S.C. 300ff–14) is  
22           amended—

23                   (1) by redesignating subsections (c) through (f)  
24                   as subsections (d) through (g), respectively; and

1           (2) by inserting after subsection (b) the fol-  
2       lowing:

3       “(c) QUALITY MANAGEMENT.—

4           “(1) REQUIREMENT.—The chief elected official  
5       of an eligible area that receives a grant under this  
6       part shall provide for the establishment of a quality  
7       management program to assess the extent to which  
8       HIV health services provided to patients under the  
9       grant are consistent with the most recent Public  
10      Health Service guidelines for the treatment of HIV  
11      disease and related opportunistic infection, and as  
12      applicable, to develop strategies for ensuring that  
13      such services are consistent with the guidelines.

14          “(2) USE OF FUNDS.—From amounts received  
15      under a grant awarded under this part for a fiscal  
16      year, the chief elected official of an eligible area may  
17      (in addition to amounts to which subsection (f)(1)  
18      applies) use for activities associated with the quality  
19      management program required in paragraph (1) not  
20      more than the lesser of—

21                  “(A) 5 percent of amounts received under  
22                  the grant; or

23                  “(B) \$3,000,000.”.



1 **SEC. 122. APPLICATION.**

2 Section 2605(a) of the Public Health Service Act (42  
3 U.S.C. 300ff–15(a)) is amended—

4 (1) by redesignating paragraphs (3) through  
5 (6) as paragraphs (4) through (7), respectively; and

6 (2) by inserting after paragraph (2) the fol-  
7 lowing paragraph:

8 “(3) that entities within the eligible area that  
9 receive funds under a grant under section 2601(a)  
10 will maintain relationships with appropriate entities  
11 in the area, including entities described in section  
12 2604(b)(3);”.

13 **SEC. 123. REVIEW OF ADMINISTRATIVE COSTS AND COM-**  
14 **PENSATION.**

15 Each chief elected official of an eligible area (as de-  
16 fined in section 2607 of the Public Health Service Act)  
17 shall ensure that, not later than 1 year after the date of  
18 the enactment of this Act, the planning council for the  
19 eligible area—

20 (1) conducts a review of the existing, available  
21 data on the extent to which entities in the area that  
22 receive amounts from a grant under section 2601(a)  
23 of the Public Health Service Act have from their  
24 overall budget expended amounts for administrative  
25 costs (including financial compensation and bene-  
26 fits), expressed as a proportion and indicating the

1 growth in such expenditures, including a statement  
 2 of the average amount expended for such costs per  
 3 client served and the average amount expended for  
 4 such costs per client served in providing HIV-related  
 5 services; and

6 (2) makes a determination of whether the fi-  
 7 nancial compensation of any officers or employees of  
 8 such entities exceeds that of the chief elected official  
 9 of the eligible area.

## 10 **TITLE II—CARE GRANT**

## 11 **PROGRAM**

### 12 **Subtitle A—General Grant**

### 13 **Provisions**

#### 14 **SEC. 201. PRIORITY FOR WOMEN, INFANTS, AND CHILDREN.**

15 Section 2611(b) of the Public Health Service Act (42  
 16 U.S.C. 300ff–21(b)) is amended by inserting “youth,”  
 17 after “children,” each place such term appears.

#### 18 **SEC. 202. USE OF GRANTS.**

19 Section 2612 of the Public Health Service Act (42  
 20 U.S.C. 300ff–22) is amended—

21 (1) by striking “A State may use” and insert-  
 22 ing “(a) IN GENERAL.—A State may use”; and

23 (2) by adding at the end the following sub-  
 24 sections:

1       “(b) SUPPORT SERVICES; OUTREACH.—The pur-  
2 poses for which a grant under this part may be used in-  
3 clude delivering or enhancing the following:

4               “(1) Support services under section 2611(a)  
5       (including case management) to the extent that such  
6       services facilitate, support, or sustain the delivery, or  
7       benefits of health services for individuals and fami-  
8       lies with HIV disease.

9               “(2) Outreach activities that are intended to  
10       identify individuals with HIV disease who are not re-  
11       ceiving HIV-related services, and that are—

12               “(A) necessary to implement the strategy  
13       under section 2617(b)(4)(B);

14               “(B) conducted in a manner consistent  
15       with the requirement under section  
16       2617(b)(6)(G); and

17               “(C) supplement, and do not supplant,  
18       such activities that are carried out with  
19       amounts appropriated under section 317.

20       “(c) EARLY INTERVENTION SERVICES.—

21               “(1) IN GENERAL.—The purposes for which a  
22       grant under this part may be used include providing  
23       to individuals with HIV disease early intervention  
24       services described in section 2651(b)(2) (including  
25       referrals under subparagraph (C) of such section),

1 subject to paragraph (2). The entities through which  
2 such services may be provided under the grant in-  
3 clude public health departments, emergency rooms,  
4 substance abuse and mental health treatment pro-  
5 grams, detoxification centers, detention facilities,  
6 clinics regarding sexually transmitted diseases,  
7 homeless shelters, HIV disease counseling and test-  
8 ing sites, health care points of entry specified by  
9 States or eligible areas, federally qualified health  
10 centers, and entities described in section 2652(a).

11 “(2) CONDITIONS.—With respect to an entity  
12 that proposes to provide early intervention services  
13 under paragraph (1), such paragraph applies only if  
14 the entity demonstrates to the satisfaction of the  
15 State involved that—

16 “(A) Federal, State, or local funds are oth-  
17 erwise inadequate for the early intervention  
18 services the entity proposes to provide; and

19 “(B) the entity will expend funds pursuant  
20 to such paragraph to supplement and not sup-  
21 plant other funds available to the entity for the  
22 provision of early intervention services for the  
23 fiscal year involved.

24 “(d) QUALITY MANAGEMENT.—

1           “(1) REQUIREMENT.—Each State that receives  
2           a grant under this part shall provide for the estab-  
3           lishment of a quality management program to assess  
4           the extent to which HIV health services provided to  
5           patients under the grant are consistent with the  
6           most recent Public Health Service guidelines for the  
7           treatment of HIV disease and related opportunistic  
8           infection, and as applicable, to develop strategies for  
9           ensuring that such services are consistent with the  
10          guidelines.

11          “(2) USE OF FUNDS.—From amounts received  
12          under a grant awarded under this part for a fiscal  
13          year, the State may (in addition to amounts to  
14          which section 2618(c)(5) applies) use for activities  
15          associated with the quality management program re-  
16          quired in paragraph (1) not more than the lesser  
17          of—

18                  “(A) 5 percent of amounts received under  
19                  the grant; or

20                  “(B) \$3,000,000.”.

21 **SEC. 203. GRANTS TO ESTABLISH HIV CARE CONSORTIA.**

22          Section 2613 of the Public Health Service Act (42  
23 U.S.C. 300ff–23) is amended—

24                  (1) in subsection (b)(1)—

1 (A) in subparagraph (A), by inserting be-  
2 fore the semicolon the following: “, particularly  
3 those experiencing disparities in access and  
4 services and those who reside in historically un-  
5 derserved communities”; and

6 (B) in subparagraph (B), by inserting  
7 after “by such consortium” the following: “is  
8 consistent with the comprehensive plan under  
9 2617(b)(4) and”;  
10 (2) in subsection (c)(1)—

11 (A) in subparagraph (D), by striking  
12 “and” after the semicolon at the end;

13 (B) in subparagraph (E), by striking the  
14 period and inserting “; and”; and

15 (C) by adding at the end the following sub-  
16 paragraph:

17 “(F) demonstrates that adequate planning  
18 occurred to address disparities in access and  
19 services and historically underserved commu-  
20 nities.”; and

21 (3) in subsection (c)(2)—

22 (A) in subparagraph (B), by striking  
23 “and” after the semicolon;

24 (B) in subparagraph (C), by striking the  
25 period and inserting “; and”; and

1 (C) by inserting after subparagraph (C)  
2 the following subparagraph:

3 “(D) entities described in section  
4 2602(b)(2).”.

5 **SEC. 204. PROVISION OF TREATMENTS.**

6 Section 2616 of the Public Health Service Act (42  
7 U.S.C. 300ff–26) is amended by adding at the end the  
8 following subsection:

9 “(e) USE OF HEALTH INSURANCE AND PLANS.—In  
10 carrying out subsection (a), a State may expend a grant  
11 under this part to provide the therapeutics described in  
12 such subsection by paying on behalf of individuals with  
13 HIV disease the costs of purchasing or maintaining health  
14 insurance or plans whose coverage includes a full range  
15 of such therapeutics and appropriate primary care serv-  
16 ices.”.

17 **SEC. 205. STATE APPLICATION.**

18 (a) DETERMINATION OF SIZE AND NEEDS OF POPU-  
19 LATION; COMPREHENSIVE PLAN.—Section 2617(b) of the  
20 Public Health Service Act (42 U.S.C. 300ff–27(b)) is  
21 amended—

22 (1) by redesignating paragraphs (2) through  
23 (4) as paragraphs (4) through (6), respectively;

24 (2) by inserting after paragraph (1) the fol-  
25 lowing paragraphs:

1           “(2) a determination of the size and demo-  
2           graphics of the population of individuals with HIV  
3           disease in the State;

4           “(3) a determination of the needs of such popu-  
5           lation, with particular attention to—

6                   “(A) individuals with HIV disease who are  
7                   not receiving HIV-related services; and

8                   “(B) disparities in access and services  
9                   among affected subpopulations and historically  
10                  underserved communities;”; and

11           (3) in paragraph (4) (as so redesignated)—

12                   (A) by striking “comprehensive plan for  
13                   the organization” and inserting “comprehensive  
14                   plan that describes the organization”;

15                   (B) by striking “, including—” and insert-  
16                   ing “, and that—”;

17                   (C) by redesignating subparagraphs (A)  
18                   through (C) as subparagraphs (D) through (F),  
19                   respectively;

20                   (D) by inserting before subparagraph (C)  
21                   the following subparagraphs:

22                   “(A) establishes priorities for the allocation  
23                   of funds within the State based on—

24                           “(i) size and demographics of the pop-  
25                           ulation of individuals with HIV disease (as



1 determined under paragraph (2)) and the  
2 needs of such population (as determined  
3 under paragraph (3));

4 “(ii) availability of other governmental  
5 and nongovernmental resources to provide  
6 HIV-related services to individuals and  
7 families with HIV disease;

8 “(iii) capacity development needs re-  
9 sulting from disparities in the availability  
10 of HIV-related services in historically un-  
11 derserved communities and rural commu-  
12 nities; and

13 “(iv) the efficiency of the administra-  
14 tive mechanism of the State for rapidly al-  
15 locating funds to the areas of greatest need  
16 within the State;

17 “(B) includes a strategy for identifying in-  
18 dividuals with HIV disease who are not receiv-  
19 ing such services and for informing the individ-  
20 uals of and enabling the individuals to utilize  
21 the services, giving particular attention to elimi-  
22 nating disparities in access and services among  
23 affected subpopulations and historically under-  
24 served communities, and including discrete

1 goals, a timetable, and an appropriate alloca-  
2 tion of funds;

3 “(C) includes a strategy to coordinate the  
4 provision of such services with programs for  
5 HIV prevention and for the prevention and  
6 treatment of substance abuse, including pro-  
7 grams that provide comprehensive treatment  
8 services for such abuse;”;

9 (E) in subparagraph (D) (as redesignated  
10 by subparagraph (C) of this paragraph), by in-  
11 serting “describes” before “the services and ac-  
12 tivities”;

13 (F) in subparagraph (E) (as so redesign-  
14 ated), by inserting “provides” before “a de-  
15 scription”; and

16 (G) in subparagraph (F) (as so redesign-  
17 ated), by inserting “provides” before “a de-  
18 scription”.

19 (b) PUBLIC PARTICIPATION.—Section 2617(b) of the  
20 Public Health Service Act, as amended by subsection (a)  
21 of this section, is amended—

22 (1) in paragraph (5), by striking “HIV” and in-  
23 serting “HIV disease”; and

24 (2) in paragraph (6), by amending subpara-  
25 graph (A) to read as follows:

1           “(A) the public health agency that is ad-  
2           ministering the grant for the State engages in  
3           a public advisory planning process, including  
4           public hearings, that includes the participants  
5           under paragraph (5), and entities described in  
6           section 2602(b)(2), in developing the com-  
7           prehensive plan under paragraph (4) and com-  
8           menting on the implementation of such plan;”.

9           (c) HEALTH CARE RELATIONSHIPS.—Section  
10          2617(b) of the Public Health Service Act, as amended by  
11          subsection (a) of this section, is amended in paragraph  
12          (6)—

13               (1) in subparagraph (E), by striking “and” at  
14          the end;

15               (2) in subparagraph (F), by striking the period  
16          and inserting “; and”; and

17               (3) by adding at the end the following subpara-  
18          graph:

19               “(G) entities within areas in which activi-  
20          ties under the grant are carried out will main-  
21          tain relationships with appropriate entities in  
22          the area, including entities described in section  
23          2612(c);”.

1 **SEC. 206. DISTRIBUTION OF FUNDS.**

2 (a) MINIMUM ALLOTMENT.—Section  
3 2618(b)(1)(A)(i) of the Public Health Service Act (42  
4 U.S.C. 300ff–28(b)(1)(A)(i)) is amended—

5 (1) in subclause (I), by striking “\$100,000”  
6 and inserting “\$200,000”; and

7 (2) in subclause (II), by striking “\$250,000”  
8 and inserting “\$500,000”.

9 (b) AMOUNT OF GRANT; ESTIMATE OF LIVING  
10 CASES.—Section 2618(b)(2) of the Public Health Service  
11 Act (42 U.S.C. 300ff–28(b)(2)) is amended—

12 (1) in subparagraph (D)(i), by inserting before  
13 the semicolon the following: “, except that (subject  
14 to subparagraph (E)), for grants made pursuant to  
15 this paragraph for fiscal year 2005 and subsequent  
16 fiscal years, the cases counted for each 12-month pe-  
17 riod beginning on or after July 1, 2004, shall be  
18 cases of HIV disease (as reported to and confirmed  
19 by such Director) rather than cases of acquired im-  
20 mune deficiency syndrome”;

21 (2) by redesignating subparagraphs (E)  
22 through (H) as subparagraphs (F) through (I), re-  
23 spectively; and

24 (3) by inserting after subparagraph (D) the fol-  
25 lowing subparagraph:

1                   “(E) DETERMINATION OF SECRETARY RE-  
 2                   GARDING DATA ON HIV CASES.—If under  
 3                   2603(a)(3)(D)(i) the Secretary determines that  
 4                   data on cases of HIV disease is not sufficiently  
 5                   accurate and reliable, then notwithstanding sub-  
 6                   paragraph (D) of this paragraph, for any fiscal  
 7                   year prior to fiscal year 2007 the references in  
 8                   such subparagraph to cases of HIV disease do  
 9                   not have any legal effect.”.

10           (c) INCREASES IN FORMULA AMOUNT.—Section  
 11 2618(b) of the Public Health Service Act (42 U.S.C.  
 12 300ff–28(b)) is amended—

13                   (1) in paragraph (1)(A)(ii), by inserting before  
 14                   the semicolon the following: “and then, as applica-  
 15                   ble, increased under paragraph (2)(H)”;

16                   (2) in paragraph (2)—

17                           (A) in subparagraph (A)(i), by striking  
 18                           “subparagraph (H)” and inserting “subpara-  
 19                           graphs (H) and (I)”;

20                           (B) in subparagraph (H) (as redesignated  
 21                           by subsection (b)(2) of this section), by amend-  
 22                           ing the subparagraph to read as follows:

23                                   “(H) LIMITATION.—

24   “(i) IN GENERAL.—The Secretary  
 25   shall ensure that the amount of a grant

1 awarded to a State or territory under sec-  
2 tion 2611 for a fiscal year is not less  
3 than—

4 “(I) with respect to fiscal year  
5 2001, 99 percent;

6 “(II) with respect to fiscal year  
7 2002, 98 percent;

8 “(III) with respect to fiscal year  
9 2003, 97 percent;

10 “(IV) with respect to fiscal year  
11 2004, 96 percent; and

12 “(V) with respect to fiscal year  
13 2005, 95 percent,

14 of the amount such State or territory re-  
15 ceived for fiscal year 2000 under such sec-  
16 tion. In administering this subparagraph,  
17 the Secretary shall, with respect to States  
18 or territories that will under such section  
19 receive grants in amounts that exceed the  
20 amounts that such States received under  
21 such section for fiscal year 2000, propor-  
22 tionally reduce such amounts to ensure  
23 compliance with this subparagraph. In  
24 making such reductions, the Secretary  
25 shall ensure that no such State receives

1 less than that State received for fiscal year  
2 2000.

3 “(ii) Ratable Reduction.—If the  
4 amount appropriated under section 2677  
5 for a fiscal year and available for grants  
6 under section 2611 is less than the amount  
7 appropriated and available under such sec-  
8 tion for fiscal year 2000, the limitation  
9 contained in clause (i) shall be reduced by  
10 a percentage equal to the percentage of the  
11 reduction in such amounts appropriated  
12 and available.”.

13 (d) TERRITORIES.—Section 2618(b)(1)(B) of the  
14 Public Health Service Act (42 U.S.C. 300ff-28(b)(1)(B))  
15 is amended by inserting “the greater of \$50,000 or” after  
16 “shall be”.

17 (e) SEPARATE TREATMENT DRUG GRANTS.—Section  
18 2618(b)(2) of the Public Health Service Act, as amended  
19 by subsection (b)(3) of this section, is amended in sub-  
20 paragraph (I)—

21 (1) by redesignating clauses (i) and (ii) as sub-  
22 clauses (I) and (II), respectively;

23 (2) by striking “(I) APPROPRIATIONS” and all  
24 that follows through “With respect to” and inserting  
25 the following:

1                   “(I) APPROPRIATIONS FOR TREATMENT  
2                   DRUG PROGRAM.—

3                   “(i) FORMULA GRANTS.—With respect  
4                   to”;

5                   (3) in subclause (I) of clause (i) (as designated  
6                   by paragraphs (1) and (2)), by striking “100 per-  
7                   cent” and inserting “98 percent”; and

8                   (4) by adding at the end the following clause:

9                   “(ii) SUPPLEMENTAL TREATMENT  
10                  DRUG GRANTS.—

11                  “(I) IN GENERAL.—With respect  
12                  to the fiscal year involved, if under  
13                  section 2677 an appropriations Act  
14                  provides an amount exclusively for  
15                  carrying out section 2616, and such  
16                  amount is not less than the amount so  
17                  provided for the preceding fiscal year,  
18                  the Secretary shall reserve 2 percent  
19                  of such amount for making grants to  
20                  States whose population of individuals  
21                  with HIV disease has, as determined  
22                  by the Secretary, a need for quantities  
23                  of therapeutics described in section  
24                  2616(a) greater than the quantities  
25                  available pursuant to clause (i). Such



1 a grant is available for purposes of  
2 obtaining such therapeutics. The Sec-  
3 retary shall carry out this clause as a  
4 program of discretionary grants, and  
5 not as a program of formula grants.

6 “(II) DISTRIBUTION OF  
7 GRANTS.—The Secretary shall dis-  
8 burse all amounts under grants under  
9 subclause (I) for a fiscal year not  
10 later than 240 days after the date on  
11 which the amount referred to in such  
12 subclause with respect to section 2616  
13 becomes available.

14 “(III) REQUIREMENT OF MATCH-  
15 ING FUNDS.—A condition for receiv-  
16 ing a grant under subclause (I) is  
17 that the State agree to make available  
18 (directly or through donations from  
19 public or private entities) non-Federal  
20 contributions toward the costs of ob-  
21 taining the therapeutics involved in an  
22 amount that is not less than 25 per-  
23 cent of such costs (determined in the  
24 same manner as under  
25 2617(d)(2)(A)).”.

1           (f)           TECHNICAL           AMENDMENT.—Section  
2 2618(b)(3)(B) of the Public Health Service Act (42  
3 U.S.C. 300ff–28(b)(3)(B)) is amended by striking “and  
4 the Republic of the Marshall Islands” and inserting “the  
5 Republic of the Marshall Islands, the Federated States of  
6 Micronesia, and the Republic of Palau, and only for pur-  
7 poses of paragraph (1) the Commonwealth of Puerto  
8 Rico”.

9 **SEC. 207. SUPPLEMENTAL GRANTS FOR CERTAIN STATES.**

10       Subpart I of part B of title XXVI of the Public  
11 Health Service Act (42 U.S.C. 300ff–11 et seq.) is  
12 amended—

13           (1) by striking section 2621; and

14           (2) by inserting after section 2620 the following  
15 section:

16 **“SEC. 2621. SUPPLEMENTAL GRANTS.**

17       “(a) IN GENERAL.—From amounts available pursu-  
18 ant to subsection (d) for a fiscal year, the Secretary shall  
19 make grants to States that meet the conditions to receive  
20 grants under section 2611, and that have one or more eli-  
21 gible communities, for the purpose of providing in such  
22 communities comprehensive services of the type described  
23 in section 2612(a) to supplement the development and  
24 care activities, primary care, and support services other-

1 wise provided in such communities by the State under a  
2 grant under section 2611.

3 “(b) ELIGIBLE COMMUNITY.—For purposes of this  
4 section, the term ‘eligible community’ means a geographic  
5 area that—

6 “(1) is not within any eligible area as defined  
7 in section 2607; and

8 “(2) has a severe need for supplemental finan-  
9 cial assistance to combat the HIV epidemic, accord-  
10 ing to criteria developed by the Secretary in con-  
11 sultation with the States, including evidence of un-  
12 derserved or rural areas or both.

13 “(c) APPLICATION.—A grant under subsection (a)  
14 may be made to a State if the State submits to the Sec-  
15 retary, as part of the State application submitted under  
16 section 2617, such information as required to apply for  
17 funds under this section as determined by the Secretary  
18 in consultation with the States.

19 “(d) FUNDING.—

20 “(1) IN GENERAL.—For the purpose of making  
21 grants under subsection (a) for a fiscal year, the  
22 Secretary shall reserve 50 percent of the amount  
23 specified in paragraph (2).

24 “(2) INCREASES IN PART B FUNDING.—

1           “(A) IN GENERAL.—For purposes of para-  
2 graph (1), the amount specified in this para-  
3 graph is the amount by which the amount ap-  
4 propriated under section 2677 for the fiscal  
5 year involved and available for carrying out  
6 part B is an increase over the amount so appro-  
7 priated and available for the preceding fiscal  
8 year, subject to subparagraphs (B) and (C).

9           “(B) INITIAL ALLOCATION YEAR.—The al-  
10 location under paragraph (1) shall not be made  
11 until the first fiscal year for which the amount  
12 appropriated under section 2677 for the fiscal  
13 year involved and available for carrying out  
14 part B is an increase of not less than  
15 \$20,000,000 over the amount so appropriated  
16 and available for fiscal year 2000, subject to  
17 subparagraph (C).

18           “(C) EXCLUSION REGARDING SEPARATE  
19 TREATMENT DRUG GRANTS.—Each determina-  
20 tion under subparagraph (A) or (B) of the  
21 amount appropriated under section 2677 for a  
22 fiscal year and available for carrying out part  
23 B shall be made without regard to any amount  
24 to which section 2618(b)(2)(I)(i) applies.”.

1 **Subtitle B—Provisions Concerning**  
 2 **Pregnancy and Perinatal Trans-**  
 3 **mission of HIV**

4 **SEC. 211. REPEALS.**

5 Subpart II of part B of title XXVI of the Public  
 6 Health Service Act (42 U.S.C. 300ff–33 et seq.) is  
 7 amended—

8 (1) in section 2626, by striking each of sub-  
 9 sections (d) through (f); and

10 (2) by striking section 2627.

11 **SEC. 212. GRANTS.**

12 (a) IN GENERAL.—Section 2625(c) of the Public  
 13 Health Service Act (42 U.S.C. 300ff–33) is amended—

14 (1) in paragraph (1), by inserting at the end  
 15 the following subparagraph:

16 “(F) Making available to pregnant women  
 17 with HIV disease, and to the infants of women  
 18 with such disease, treatment services for such  
 19 disease in accordance with applicable rec-  
 20 ommendations of the Secretary.”;

21 (2) by amending paragraph (2) to read as fol-  
 22 lows:

23 “(2) FUNDING.—

24 “(A) AUTHORIZATION OF APPROPRIA-  
 25 TIONS.—For the purpose of carrying out this

1 subsection, there are authorized to be appro-  
2 priated \$30,000,000 for each of the fiscal years  
3 2001 through 2005. Amounts made available  
4 under section 2677 for carrying out this part  
5 are not available for carrying out this section  
6 unless otherwise authorized.

7 “(B) ALLOCATIONS FOR CERTAIN  
8 STATES.—

9 “(i) IN GENERAL.—Of the amounts  
10 appropriated under subparagraph (A) for a  
11 fiscal year in excess of \$10,000,000, the  
12 Secretary shall reserve the applicable per-  
13 centage under clause (ii) for making grants  
14 under paragraph (1) to States that under  
15 law (including under regulations or the dis-  
16 cretion of State officials) have—

17 “(I) a requirement that all new-  
18 born infants born in the State be test-  
19 ed for HIV disease; or

20 “(II) a requirement that newborn  
21 infants born in the State be tested for  
22 HIV disease in circumstances in  
23 which the attending obstetrician for  
24 the birth does not know the HIV sta-  
25 tus of the mother of the infant.

1 “(ii) APPLICABLE PERCENTAGE.—For  
2 purposes of clause (i), the applicable  
3 amount for a fiscal year is as follows:

4 “(I) For fiscal year 2001, 25 per-  
5 cent.

6 “(II) For fiscal year 2002, 50  
7 percent.

8 “(III) For fiscal year 2003, 50  
9 percent.

10 “(IV) For fiscal year 2004, 75  
11 percent.

12 “(V) For fiscal year 2005, 75  
13 percent.

14 “(C) CERTAIN PROVISIONS.—With respect  
15 to grants under paragraph (1) that are made  
16 with amounts reserved under subparagraph (B)  
17 of this paragraph:

18 “(i) Such a grant may not be made in  
19 an amount exceeding \$4,000,000.

20 “(ii) If pursuant to clause (i) or pur-  
21 suant to an insufficient number of quali-  
22 fying applications for such grants (or  
23 both), the full amount reserved under sub-  
24 paragraph (B) for a fiscal year is not obli-  
25 gated, the requirement under such sub-

1 paragraph to reserve amounts ceases to  
2 apply.”; and

3 (3) by adding at the end the following para-  
4 graph:

5 “(4) MAINTENANCE OF EFFORT.—A condition  
6 for the receipt of a grant under paragraph (1) is  
7 that the State involved agree that the grant will be  
8 used to supplement and not supplant other funds  
9 available to the State to carry out the purposes of  
10 the grant.”.

11 (b) SPECIAL FUNDING RULE FOR FISCAL YEAR  
12 2001.—

13 (1) IN GENERAL.—If for fiscal year 2001 the  
14 amount appropriated under paragraph (2)(A) of sec-  
15 tion 2625(c) of the Public Health Service Act is less  
16 than \$14,000,000—

17 (A) the Secretary of Health and Human  
18 Services shall, for the purpose of making grants  
19 under paragraph (1) of such section, reserve  
20 from the amount specified in paragraph (2) of  
21 this subsection an amount equal to the dif-  
22 ference between \$14,000,000 and the amount  
23 appropriated under paragraph (2)(A) of such  
24 section for such fiscal year;



1 (B) the amount so reserved shall, for pur-  
 2 poses of paragraph (2)(B)(i) of such section, be  
 3 considered to have been appropriated under  
 4 paragraph (2)(A) of such section; and

5 (C) the percentage specified in paragraph  
 6 (2)(B)(ii)(I) of such section is deemed to be 50  
 7 percent.

8 (2) ALLOCATION FROM INCREASES IN FUNDING  
 9 FOR PART B.—For purposes of paragraph (1), the  
 10 amount specified in this paragraph is the amount by  
 11 which the amount appropriated under section 2677  
 12 of the Public Health Service Act for fiscal year 2001  
 13 and available for grants under section 2611 of such  
 14 Act is an increase over the amount so appropriated  
 15 and available for fiscal year 2000.

16 **SEC. 213. STUDY BY INSTITUTE OF MEDICINE.**

17 Subpart II of part B of title XXVI of the Public  
 18 Health Service Act (42 U.S.C. 300ff–33 et seq.) is amend-  
 19 ed by adding at the end the following section:

20 **“SEC. 2630. RECOMMENDATIONS FOR REDUCING INCI-**  
 21 **DENCE OF PERINATAL TRANSMISSION.**

22 **“(a) STUDY BY INSTITUTE OF MEDICINE.—**

23 **“(1) IN GENERAL.—**The Secretary shall request  
 24 the Institute of Medicine to enter into an agreement

1 with the Secretary under which such Institute con-  
2 ducts a study to provide the following:

3 “(A) For the most recent fiscal year for  
4 which the information is available, a determina-  
5 tion of the number of newborn infants with  
6 HIV born in the United States with respect to  
7 whom the attending obstetrician for the birth  
8 did not know the HIV status of the mother.

9 “(B) A determination for each State of  
10 any barriers, including legal barriers, that pre-  
11 vent or discourage an obstetrician from making  
12 it a routine practice to offer pregnant women  
13 an HIV test and a routine practice to test new-  
14 born infants for HIV disease in circumstances  
15 in which the obstetrician does not know the  
16 HIV status of the mother of the infant.

17 “(C) Recommendations for each State for  
18 reducing the incidence of cases of the perinatal  
19 transmission of HIV, including recommenda-  
20 tions on removing the barriers identified under  
21 subparagraph (B).

22 If such Institute declines to conduct the study, the  
23 Secretary shall enter into an agreement with another  
24 appropriate public or nonprofit private entity to con-  
25 duct the study.

1           “(2) REPORT.—The Secretary shall ensure  
2           that, not later than 18 months after the effective  
3           date of this section, the study required in paragraph  
4           (1) is completed and a report describing the findings  
5           made in the study is submitted to the appropriate  
6           committees of the Congress, the Secretary, and the  
7           chief public health official of each of the States.

8           “(b) PROGRESS TOWARD RECOMMENDATIONS.—  
9           Each State shall comply with the following (as applicable  
10          to the fiscal year involved):

11           “(1) For fiscal year 2004, the State shall sub-  
12          mit to the Secretary a report describing the actions  
13          taken by the State toward meeting the recommenda-  
14          tions specified for the State under subsection  
15          (a)(1)(C).

16           “(2) For fiscal year 2005 and each subsequent  
17          fiscal year—

18           “(A) the State shall make reasonable  
19          progress toward meeting such recommenda-  
20          tions; or

21           “(B) if the State has not made such  
22          progress—

23           “(i) the State shall cooperate with the  
24          Director of the Centers for Disease Control

1                   and Prevention in carrying out activities  
 2                   toward meeting the recommendations; and  
 3                   “(ii) the State shall submit to the  
 4                   Secretary a report containing a description  
 5                   of any barriers identified under subsection  
 6                   (a)(1)(B) that continue to exist in the  
 7                   State; as applicable, the factors underlying  
 8                   the continued existence of such barriers;  
 9                   and a description of how the State intends  
 10                  to reduce the incidence of cases of the  
 11                  perinatal transmission of HIV.

12           “(c) SUBMISSION OF REPORTS TO CONGRESS.—The  
 13 Secretary shall submit to the appropriate committees of  
 14 the Congress each report received by the Secretary under  
 15 subsection (b)(2)(B)(ii).”.

## 16                   **Subtitle C—Certain Partner** 17                   **Notification Programs**

### 18   **SEC. 221. GRANTS FOR COMPLIANT PARTNER NOTIFICA-** 19                   **TION PROGRAMS.**

20           Part B of title XXVI of the Public Health Service  
 21 Act (42 U.S.C. 300ff–21 et seq.) is amended by adding  
 22 at the end the following subpart:

1 **“Subpart III—Certain Partner Notification Programs**

2 **“SEC. 2631. GRANTS FOR PARTNER NOTIFICATION PRO-**  
3 **GRAMS.**

4 “(a) IN GENERAL.—In the case of States whose laws  
5 or regulations are in accordance with subsection (b), the  
6 Secretary, subject to subsection (c)(2), may make grants  
7 to the States for carrying out programs to provide partner  
8 counseling and referral services.

9 “(b) DESCRIPTION OF COMPLIANT STATE PRO-  
10 GRAMS.—For purposes of subsection (a), the laws or regu-  
11 lations of a State are in accordance with this subsection  
12 if under such laws or regulations (including programs car-  
13 ried out pursuant to the discretion of State officials) the  
14 following policies are in effect:

15 “(1) The State requires that the public health  
16 officer of the State carry out a program of partner  
17 notification to inform partners of individuals with  
18 HIV disease that the partners may have been ex-  
19 posed to the disease.

20 “(2)(A) In the case of a health entity that pro-  
21 vides for the performance on an individual of a test  
22 for HIV disease, or that treats the individual for the  
23 disease, the State requires, subject to subparagraph  
24 (B), that the entity confidentially report the positive  
25 test results to the State public health officer in a  
26 manner recommended and approved by the Director

1 of the Centers for Disease Control and Prevention,  
2 together with such additional information as may be  
3 necessary for carrying out such program.

4 “(B) The State may provide that the require-  
5 ment of subparagraph (A) does not apply to the  
6 testing of an individual for HIV disease if the indi-  
7 vidual underwent the testing through a program de-  
8 signed to perform the test and provide the results to  
9 the individual without the individual disclosing his or  
10 her identity to the program. This subparagraph may  
11 not be construed as affecting the requirement of  
12 subparagraph (A) with respect to a health entity  
13 that treats an individual for HIV disease.

14 “(3) The program under paragraph (1) is car-  
15 ried out in accordance with the following:

16 “(A) Partners are provided with an appro-  
17 priate opportunity to learn that the partners  
18 have been exposed to HIV disease, subject to  
19 subparagraph (B).

20 “(B) The State does not inform partners  
21 of the identity of the infected individuals in-  
22 volved.

23 “(C) Counseling and testing for HIV dis-  
24 ease are made available to the partners and to  
25 infected individuals, and such counseling in-

1 cludes information on modes of transmission for  
2 the disease, including information on prenatal  
3 and perinatal transmission and preventing  
4 transmission.

5 “(D) Counseling of infected individuals  
6 and their partners includes the provision of in-  
7 formation regarding therapeutic measures for  
8 preventing and treating the deterioration of the  
9 immune system and conditions arising from the  
10 disease, and the provision of other prevention-  
11 related information.

12 “(E) Referrals for appropriate services are  
13 provided to partners and infected individuals,  
14 including referrals for support services and  
15 legal aid.

16 “(F) Notifications under subparagraph (A)  
17 are provided in person, unless doing so is an  
18 unreasonable burden on the State.

19 “(G) There is no criminal or civil penalty  
20 on, or civil liability for, an infected individual if  
21 the individual chooses not to identify the part-  
22 ners of the individual, or the individual does not  
23 otherwise cooperate with such program.

24 “(H) The failure of the State to notify  
25 partners is not a basis for the civil liability of

1           any health entity who under the program re-  
2           ported to the State the identity of the infected  
3           individual involved.

4           “(I) The State provides that the provisions  
5           of the program may not be construed as prohib-  
6           iting the State from providing a notification  
7           under subparagraph (A) without the consent of  
8           the infected individual involved.

9           “(4) The State annually reports to the Director  
10          of the Centers for Disease Control and Prevention  
11          the number of individuals from whom the names of  
12          partners have been sought under the program under  
13          paragraph (1), the number of such individuals who  
14          provided the names of partners, and the number of  
15          partners so named who were notified under the pro-  
16          gram.

17          “(5) The State cooperates with such Director in  
18          carrying out a national program of partner notifica-  
19          tion, including the sharing of information between  
20          the public health officers of the States.

21          “(c) REPORTING SYSTEM FOR CASES OF HIV DIS-  
22          EASE.—

23          “(1) PREFERENCE IN MAKING GRANTS  
24          THROUGH FISCAL YEAR 2003.—In making grants  
25          under subsection (a) for each of the fiscal years



1       2001 through 2003, the Secretary shall give pref-  
 2       erence to States whose reporting systems for cases  
 3       of HIV disease produce data on such cases that is  
 4       sufficiently accurate and reliable for use for pur-  
 5       poses of section 2618(b)(2)(D)(i).

6               “(2) ELIGIBILITY CONDITION AFTER FISCAL  
 7       YEAR 2003.—For fiscal year 2004 and subsequent  
 8       fiscal years, a State may not receive a grant under  
 9       subsection (a) unless the reporting system of the  
 10      State for cases of HIV disease produces data on  
 11      such cases that is sufficiently accurate and reliable  
 12      for purposes of section 2618(b)(2)(D)(i).

13           “(d) AUTHORIZATION OF APPROPRIATIONS.—For the  
 14      purpose of carrying out this section, there are authorized  
 15      to be appropriated \$30,000,000 for fiscal year 2001, and  
 16      such sums as may be necessary for each of the fiscal years  
 17      2002 through 2005.”.

18                               **TITLE III—EARLY**  
 19                               **INTERVENTION SERVICES**  
 20                   **Subtitle A—Formula Grants for**  
 21                               **States**

22      **SEC. 301. REPEAL OF PROGRAM.**

23           Subpart I of part C of title XXVI of the Public  
 24      Health Service Act (42 U.S.C. 300ff–41 et seq.) is re-  
 25      pealed.

## 1       **Subtitle B—Categorical Grants**

### 2       **SEC. 311. PREFERENCES IN MAKING GRANTS.**

3       Section 2653 of the Public Health Service Act (42  
4       U.S.C. 300ff–53) is amended by adding at the end the  
5       following subsection:

6       “(d) UNDERSERVED AND RURAL AREAS.—Of the ap-  
7       plicants who qualify for preference under this section, the  
8       Secretary shall give preference to applicants that will ex-  
9       pend the grant under section 2651 to provide early inter-  
10      vention under such section in rural areas or in areas that  
11      are underserved with respect to such services.”.

### 12      **SEC. 312. PLANNING AND DEVELOPMENT GRANTS.**

13      (a) IN GENERAL.—Section 2654(c)(1) of the Public  
14      Health Service Act (42 U.S.C. 300ff–54(c)(1)) is amended  
15      by striking “planning grants” and all that follows and in-  
16      serting the following: “planning grants to public and non-  
17      profit private entities for purposes of—

18                      “(A) enabling such entities to provide HIV  
19                      early intervention services; and

20                      “(B) assisting the entities in expanding  
21                      their capacity to provide HIV-related health  
22                      services, including early intervention services, in  
23                      low-income communities and affected sub-  
24                      populations that are underserved with respect  
25                      to such services (subject to the condition that a

1 grant pursuant to this subparagraph may not  
 2 be expended to purchase or improve land, or to  
 3 purchase, construct, or permanently improve,  
 4 other than minor remodeling, any building or  
 5 other facility).”.

6 (b) AMOUNT; DURATION.—Section 2654(c) of the  
 7 Public Health Service Act (42 U.S.C. 300ff–54(c)) is fur-  
 8 ther amended—

9 (1) by redesignating paragraph (4) as para-  
 10 graph (5); and

11 (2) by inserting after paragraph (3) the fol-  
 12 lowing:

13 “(4) AMOUNT AND DURATION OF GRANTS.—

14 “(A) EARLY INTERVENTION SERVICES.—A  
 15 grant under paragraph (1)(A) may be made in  
 16 an amount not to exceed \$50,000.

17 “(B) CAPACITY DEVELOPMENT.—

18 “(i) AMOUNT.—A grant under para-  
 19 graph (1)(B) may be made in an amount  
 20 not to exceed \$150,000.

21 “(ii) DURATION.—The total duration  
 22 of a grant under paragraph (1)(B), includ-  
 23 ing any renewal, may not exceed 3 years.”.

24 (c) INCREASE IN LIMITATION.—Section 2654(c)(5)  
 25 of the Public Health Service Act (42 U.S.C. 300ff–

1 54(c)(5)), as redesignated by subsection (b), is amended  
 2 by striking “1 percent” and inserting “5 percent”.

3 **SEC. 313. AUTHORIZATION OF APPROPRIATIONS.**

4 Section 2655 of the Public Health Service Act (42  
 5 U.S.C. 300ff–55) is amended by striking “in each of” and  
 6 all that follows and inserting “for each of the fiscal years  
 7 2001 through 2005.”.

8 **Subtitle C—General Provisions**

9 **SEC. 321. PROVISION OF CERTAIN COUNSELING SERVICES.**

10 Section 2662(c)(3) of the Public Health Service Act  
 11 (42 U.S.C. 300ff–62(c)(3)) is amended—

12 (1) in the matter preceding subparagraph (A),  
 13 by striking “counseling on—” and inserting “coun-  
 14 seling—”;

15 (2) in each of subparagraphs (A), (B), and (D),  
 16 by inserting “on” after the subparagraph designa-  
 17 tion; and

18 (3) in subparagraph (C)—

19 (A) by striking “(C) the benefits” and in-  
 20 serting “(C)(i) that explains the benefits”; and

21 (B) by inserting after clause (i) (as des-  
 22 ignated by subparagraph (A) of this paragraph)  
 23 the following clause:

24 “(ii) that emphasizes it is the duty of in-  
 25 fected individuals to disclose their infected sta-

1           tus to their sexual partners and their partners  
2           in the sharing of hypodermic needles; that pro-  
3           vides advice to infected individuals on the man-  
4           ner in which such disclosures can be made; and  
5           that emphasizes that it is the continuing duty  
6           of the individuals to avoid any behaviors that  
7           will expose others to HIV.

8   **SEC. 322. ADDITIONAL REQUIRED AGREEMENTS.**

9           Section 2664(g) of the Public Health Service Act (42  
10   U.S.C. 300ff–64(g)) is amended—

11           (1) in paragraph (3)—

12                (A) by striking “7.5 percent” and inserting  
13                “10 percent”; and

14                (B) by striking “and” after the semicolon  
15                at the end;

16           (2) in paragraph (4), by striking the period and  
17           inserting “; and”; and

18           (3) by adding at the end the following para-  
19           graph:

20                “(5) the applicant will provide for the establish-  
21                ment of a quality management program to assess  
22                the extent to which medical services funded under  
23                this title that are provided to patients are consistent  
24                with the most recent Public Health Service guide-  
25                lines for the treatment of HIV disease and related

1 opportunistic infections and that improvements in  
 2 the access to and quality of medical services are ad-  
 3 dressed.”.

4 **TITLE IV—OTHER PROGRAMS**  
 5 **AND ACTIVITIES**  
 6 **Subtitle A—Certain Programs for**  
 7 **Research, Demonstrations, or**  
 8 **Training**

9 **SEC. 401. GRANTS FOR COORDINATED SERVICES AND AC-**  
 10 **CESS TO RESEARCH FOR WOMEN, INFANTS,**  
 11 **CHILDREN, AND YOUTH.**

12 Section 2671 of the Public Health Service Act (42  
 13 U.S.C. 300ff–71) is amended—

14 (1) in subsection (b)—

15 (A) in paragraph (1), by striking subpara-  
 16 graphs (C) and (D) and inserting the following:

17 “(C) The applicant will demonstrate link-  
 18 ages to research and how access to such re-  
 19 search is being offered to patients.”; and

20 (B) by striking paragraphs (3) and (4);

21 (2) in subsection (g), by adding at the end the  
 22 following: “In addition, the Secretary, in coordina-  
 23 tion with the Director of such Institutes, shall exam-  
 24 ine the distribution and availability of appropriate  
 25 HIV-related research projects with respect to grant-

1       ees under subsection (a) for purposes of enhancing  
 2       and expanding HIV-related research, especially with-  
 3       in communities that are underrepresented with re-  
 4       spect to such projects.”;

5               (3) in subsection (f)—

6                       (A) by striking the subsection heading and  
 7       designation and inserting the following:

8       “(f) ADMINISTRATION.—

9               “(1) APPLICATION.—”; and

10                      (B) by adding at the end the following  
 11       paragraph:

12       “(2) QUALITY MANAGEMENT PROGRAM.—A  
 13       grantee under this section shall implement a quality  
 14       management program.”; and

15               (4) in subsection (j), by striking “1996 through  
 16       2000” and inserting “2001 through 2005”.

17 **SEC. 402. AIDS EDUCATION AND TRAINING CENTERS.**

18       (a) SCHOOLS; CENTERS.—

19               (1) IN GENERAL.—Section 2692(a)(1) of the  
 20       Public Health Service Act (42 U.S.C. 300ff-  
 21       111(a)(1)) is amended—

22                      (A) in subparagraph (A)—

23                              (i) by striking “training” and insert-  
 24       ing “to train”;

1 (ii) by striking “and including” and  
2 inserting “, including”; and

3 (iii) by inserting before the semicolon  
4 the following: “, and including (as applica-  
5 ble to the type of health professional in-  
6 volved), prenatal and other gynecological  
7 care for women with HIV disease”;

8 (B) in subparagraph (B), by striking  
9 “and” after the semicolon at the end;

10 (C) in subparagraph (C), by striking the  
11 period and inserting “; and”; and

12 (D) by adding at the end the following:

13 “(D) to develop protocols for the medical  
14 care of women with HIV disease, including pre-  
15 natal and other gynecological care for such  
16 women.”.

17 (2) DISSEMINATION OF TREATMENT GUIDE-  
18 LINES; MEDICAL CONSULTATION ACTIVITIES.—Not  
19 later than 90 days after the date of the enactment  
20 of this Act, the Secretary of Health and Human  
21 Services shall issue and begin implementation of a  
22 strategy for the dissemination of HIV treatment in-  
23 formation to health care providers and patients.



1 (b) DENTAL SCHOOLS.—Section 2692(b) of the Pub-  
2 lic Health Service Act (42 U.S.C. 300ff–111(b)) is  
3 amended—

4 (1) by amending paragraph (1) to read as fol-  
5 lows:

6 “(1) IN GENERAL.—

7 “(A) GRANTS.—The Secretary may make  
8 grants to dental schools and programs de-  
9 scribed in subparagraph (B) to assist such  
10 schools and programs with respect to oral  
11 health care to patients with HIV disease.

12 “(B) ELIGIBLE APPLICANTS.—For pur-  
13 poses of this subsection, the dental schools and  
14 programs referred to in this subparagraph are  
15 dental schools and programs that were de-  
16 scribed in section 777(b)(4)(B) as such section  
17 was in effect on the day before the date of the  
18 enactment of the Health Professions Education  
19 Partnerships Act of 1998 (Public Law 105–  
20 392) and in addition dental hygiene programs  
21 that are accredited by the Commission on Den-  
22 tal Accreditation.”;

23 (2) in paragraph (2), by striking  
24 “777(b)(4)(B)” and inserting “the section referred  
25 to in paragraph (1)(B)”; and

1           (3) by inserting after paragraph (4) the fol-  
2       lowing paragraph:

3           “(5) COMMUNITY-BASED CARE.—The Secretary  
4       may make grants to dental schools and programs de-  
5       scribed in paragraph (1)(B) that partner with com-  
6       munity-based dentists to provide oral health care to  
7       patients with HIV disease in unserved areas. Such  
8       partnerships shall permit the training of dental stu-  
9       dents and residents and the participation of commu-  
10      nity dentists as adjunct faculty.”.

11      (c) AUTHORIZATION OF APPROPRIATIONS.—

12           (1) SCHOOLS; CENTERS.—Section 2692(c)(1) of  
13      the Public Health Service Act (42 U.S.C. 300ff–  
14      111(c)(1)) is amended by striking “fiscal years 1996  
15      through 2000” and inserting “fiscal years 2001  
16      through 2005”.

17           (2) DENTAL SCHOOLS.—Section 2692(c)(2) of  
18      the Public Health Service Act (42 U.S.C. 300ff–  
19      111(c)(2)) is amended to read as follows:

20           “(2) DENTAL SCHOOLS.—

21           “(A) IN GENERAL.—For the purpose of  
22      grants under paragraphs (1) through (4) of  
23      subsection (b), there are authorized to be ap-  
24      propriated such sums as may be necessary for  
25      each of the fiscal years 2001 through 2005.

1 “(B) COMMUNITY-BASED CARE.—For the  
 2 purpose of grants under subsection (b)(5), there  
 3 are authorized to be appropriated such sums as  
 4 may be necessary for each of the fiscal years  
 5 2001 through 2005.”.

## 6 **Subtitle B—General Provisions in** 7 **Title XXVI**

### 8 **SEC. 411. EVALUATIONS AND REPORTS.**

9 Section 2674(c) of the Public Health Service Act (42  
 10 U.S.C. 300ff–74(c)) is amended by striking “1991  
 11 through 1995” and inserting “2001 through 2005”.

### 12 **SEC. 412. DATA COLLECTION THROUGH CENTERS FOR DIS-** 13 **EASE CONTROL AND PREVENTION.**

14 Part D of title XXVI of the Public Health Service  
 15 Act (42 U.S.C. 300ff–71 et seq.) is amended—

16 (1) by redesignating section 2675 as section  
 17 2675A; and

18 (2) by inserting after section 2674 the following  
 19 section:

#### 20 **“SEC. 2675. DATA COLLECTION.**

21 “For the purpose of collecting and providing data for  
 22 program planning and evaluation activities under this  
 23 title, there are authorized to be appropriated to the Sec-  
 24 retary (acting through the Director of the Centers for Dis-  
 25 ease Control and Prevention) such sums as may be nec-

1   essary for each of the fiscal years 2001 through 2005.  
2   Such authorization of appropriations is in addition to  
3   other authorizations of appropriations that are available  
4   for such purpose.”.

5   **SEC. 413. COORDINATION.**

6         Section 2675A of the Public Health Service Act, as  
7   redesignated by section 412 of this Act, is amended—

8                 (1) by amending subsection (a) to read as fol-  
9         lows:

10         “(a) REQUIREMENT.—The Secretary shall ensure  
11         that the Health Resources and Services Administration,  
12         the Centers for Disease Control and Prevention, the Sub-  
13         stance Abuse and Mental Health Services Administration,  
14         and the Health Care Financing Administration coordinate  
15         the planning, funding, and implementation of Federal  
16         HIV programs to enhance the continuity of care and pre-  
17         vention services for individuals with HIV disease or those  
18         at risk of such disease. The Secretary shall consult with  
19         other Federal agencies, including the Department of Vet-  
20         erans Affairs, as needed and utilize planning information  
21         submitted to such agencies by the States and entities eligi-  
22         ble for support.”;

23                 (2) by redesignating subsections (b) and (c) as  
24         subsections (c) and (d), respectively;

1           (3) by inserting after subsection (b) the fol-  
2       lowing subsection:

3       “(b) REPORT.—The Secretary shall biennially pre-  
4       pare and submit to the appropriate committees of the Con-  
5       gress a report concerning the coordination efforts at the  
6       Federal, State, and local levels described in this section,  
7       including a description of Federal barriers to HIV pro-  
8       gram integration and a strategy for eliminating such bar-  
9       riers and enhancing the continuity of care and prevention  
10      services for individuals with HIV disease or those at risk  
11      of such disease.”; and

12           (4) in each of subsections (c) and (d) (as redes-  
13      ignated by paragraph (2) of this section), by insert-  
14      ing “and prevention services” after “continuity of  
15      care” each place such term appears.

16   **SEC. 414. PLAN REGARDING RELEASE OF PRISONERS WITH**  
17           **HIV DISEASE.**

18       Section 2675A of the Public Health Service Act, as  
19      amended by section 413(2) of this Act, is amended by add-  
20      ing at the end the following subsection:

21       “(e) RECOMMENDATIONS REGARDING RELEASE OF  
22      PRISONERS.—After consultation with the Attorney Gen-  
23      eral and the Director of the Bureau of Prisons, with  
24      States, with eligible areas under part A, and with entities  
25      that receive amounts from grants under part A or B, the

1 Secretary, consistent with the coordination required in  
2 subsection (a), shall develop a plan for the medical case  
3 management of and the provision of support services to  
4 individuals who were Federal or State prisoners and had  
5 HIV disease as of the date on which the individuals were  
6 released from the custody of the penal system. The Sec-  
7 retary shall submit the plan to the Congress not later than  
8 2 years after the date of the enactment of the Ryan White  
9 CARE Act Amendments of 2000.”.

10 **SEC. 415. AUDITS.**

11 Part D of title XXVI of the Public Health Service  
12 Act, as amended by section 412 of this Act, is amended  
13 by inserting after section 2675A the following section:

14 **“SEC. 2675B. AUDITS.**

15 “For fiscal year 2002 and subsequent fiscal years,  
16 the Secretary may reduce the amounts of grants under  
17 this title to a State or political subdivision of a State for  
18 a fiscal year if, with respect to such grants for the second  
19 preceding fiscal year, the State or subdivision fails to pre-  
20 pare audits in accordance with the procedures of section  
21 7502 of title 31, United States Code. The Secretary shall  
22 annually select representative samples of such audits, pre-  
23 pare summaries of the selected audits, and submit the  
24 summaries to the Congress.”.

1 **SEC. 416. ADMINISTRATIVE SIMPLIFICATION.**

2 Part D of title XXVI of the Public Health Service  
3 Act, as amended by section 415 of this Act, is amended  
4 by inserting after section 2675B the following section:

5 **“SEC. 2675C. ADMINISTRATIVE SIMPLIFICATION REGARD-**  
6 **ING PARTS A AND B.**

7 “(a) COORDINATED DISBURSEMENT.—After con-  
8 sultation with the States, with eligible areas under part  
9 A, and with entities that receive amounts from grants  
10 under part A or B, the Secretary shall develop a plan for  
11 coordinating the disbursement of appropriations for  
12 grants under part A with the disbursement of appropria-  
13 tions for grants under part B in order to assist grantees  
14 and other recipients of amounts from such grants in com-  
15 plying with the requirements of such parts. The Secretary  
16 shall submit the plan to the Congress not later than 18  
17 months after the date of the enactment of the Ryan White  
18 CARE Act Amendments of 2000. Not later than 2 years  
19 after the date on which the plan is so submitted, the Sec-  
20 retary shall complete the implementation of the plan, not-  
21 withstanding any provision of this title that is inconsistent  
22 with the plan.

23 “(b) BIENNIAL APPLICATIONS.—After consultation  
24 with the States, with eligible areas under part A, and with  
25 entities that receive amounts from grants under part A  
26 or B, the Secretary shall make a determination of whether

1 the administration of parts A and B by the Secretary, and  
2 the efficiency of grantees under such parts in complying  
3 with the requirements of such parts, would be improved  
4 by requiring that applications for grants under such parts  
5 be submitted biennially rather than annually. The Sec-  
6 retary shall submit such determination to the Congress  
7 not later than 2 years after the date of the enactment of  
8 the Ryan White CARE Act Amendments of 2000.

9 “(c) APPLICATION SIMPLIFICATION.—After consulta-  
10 tion with the States, with eligible areas under part A, and  
11 with entities that receive amounts from grants under part  
12 A or B, the Secretary shall develop a plan for simplifying  
13 the process for applications under parts A and B. The Sec-  
14 retary shall submit the plan to the Congress not later than  
15 18 months after the date of the enactment of the Ryan  
16 White CARE Act Amendments of 2000. Not later than  
17 2 years after the date on which the plan is so submitted,  
18 the Secretary shall complete the implementation of the  
19 plan, notwithstanding any provision of this title that is  
20 inconsistent with the plan.”.

21 **SEC. 417. AUTHORIZATION OF APPROPRIATIONS FOR**  
22 **PARTS A AND B.**

23 Section 2677 of the Public Health Service Act (42  
24 U.S.C. 300ff–77) is amended to read as follows:



1 **“SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.**

2 “(a) PART A.—For the purpose of carrying out part  
3 A, there are authorized to be appropriated such sums as  
4 may be necessary for each of the fiscal years 2001 through  
5 2005.

6 “(b) PART B.—For the purpose of carrying out part  
7 B, there are authorized to be appropriated such sums as  
8 may be necessary for each of the fiscal years 2001 through  
9 2005.”.

10 **TITLE V—GENERAL PROVISIONS**

11 **SEC. 501. STUDIES BY INSTITUTE OF MEDICINE.**

12 (a) STATE SURVEILLANCE SYSTEMS ON PREVA-  
13 LENCE OF HIV.—The Secretary of Health and Human  
14 Services (referred to in this section as the “Secretary”)  
15 shall request the Institute of Medicine to enter into an  
16 agreement with the Secretary under which such Institute  
17 conducts a study to provide the following:

18 (1) A determination of whether the surveillance  
19 system of each of the States regarding the human  
20 immunodeficiency virus provides for the reporting of  
21 cases of infection with the virus in a manner that is  
22 sufficient to provide adequate and reliable informa-  
23 tion on the number of such cases and the demo-  
24 graphic characteristics of such cases, both for the  
25 State in general and for specific geographic areas in  
26 the State.

1           (2) A determination of whether such informa-  
2           tion is sufficiently accurate for purposes of formula  
3           grants under parts A and B of title XXVI of the  
4           Public Health Service Act.

5           (3) With respect to any State whose surveil-  
6           lance system does not provide adequate and reliable  
7           information on cases of infection with the virus, rec-  
8           ommendations regarding the manner in which the  
9           State can improve the system.

10          (b) RELATIONSHIP BETWEEN EPIDEMIOLOGICAL  
11 MEASURES AND HEALTH CARE FOR CERTAIN INDIVID-  
12 UALS WITH HIV DISEASE.—

13           (1) IN GENERAL.—The Secretary shall request  
14           the Institute of Medicine to enter into an agreement  
15           with the Secretary under which such Institute con-  
16           ducts a study concerning the appropriate epidemio-  
17           logical measures and their relationship to the financ-  
18           ing and delivery of primary care and health-related  
19           support services for low-income, uninsured, and  
20           under-insured individuals with HIV disease.

21           (2) ISSUES TO BE CONSIDERED.—The Sec-  
22           retary shall ensure that the study under paragraph  
23           (1) considers the following:

24                   (A) The availability and utility of health  
25           outcomes measures and data for HIV primary

1 care and support services and the extent to  
2 which those measures and data could be used to  
3 measure the quality of such funded services.

4 (B) The effectiveness and efficiency of  
5 service delivery (including the quality of serv-  
6 ices, health outcomes, and resource use) within  
7 the context of a changing health care and  
8 therapeutic environment, as well as the chang-  
9 ing epidemiology of the epidemic, including de-  
10 termining the actual costs, potential savings,  
11 and overall financial impact of modifying the  
12 program under title XIX of the Social Security  
13 Act to establish eligibility for medical assistance  
14 under such title on the basis of infection with  
15 the human immunodeficiency virus rather than  
16 providing such assistance only if the infection  
17 has progressed to acquired immune deficiency  
18 syndrome.

19 (C) Existing and needed epidemiological  
20 data and other analytic tools for resource plan-  
21 ning and allocation decisions, specifically for es-  
22 timating severity of need of a community and  
23 the relationship to the allocations process.

24 (D) Other factors determined to be rel-  
25 evant to assessing an individual's or commu-

1           nity’s ability to gain and sustain access to qual-  
2           ity HIV services.

3           (c) OTHER ENTITIES.—If the Institute of Medicine  
4 declines to conduct a study under this section, the Sec-  
5 retary shall enter into an agreement with another appro-  
6 priate public or nonprofit private entity to conduct the  
7 study.

8           (d) REPORT.—The Secretary shall ensure that—

9           (1) not later than 3 years after the date of the  
10 enactment of this Act, the study required in sub-  
11 section (a) is completed and a report describing the  
12 findings made in the study is submitted to the ap-  
13 propriate committees of the Congress; and

14           (2) not later than 2 years after the date of the  
15 enactment of this Act, the study required in sub-  
16 section (b) is completed and a report describing the  
17 findings made in the study is submitted to such  
18 committees.

19 **SEC. 502. DEVELOPMENT OF RAPID HIV TEST.**

20           (a) EXPANSION, INTENSIFICATION, AND COORDINA-  
21 TION OF RESEARCH AND OTHER ACTIVITIES.—

22           (1) IN GENERAL.—The Director of NIH shall  
23 expand, intensify, and coordinate research and other  
24 activities of the National Institutes of Health with  
25 respect to the development of reliable and affordable

1 tests for HIV disease that can rapidly be adminis-  
2 tered and whose results can rapidly be obtained (in  
3 this section referred to a “rapid HIV test”).

4 (2) REPORT TO CONGRESS.—The Director of  
5 NIH shall periodically submit to the appropriate  
6 committees of Congress a report describing the re-  
7 search and other activities conducted or supported  
8 under paragraph (1).

9 (3) AUTHORIZATION OF APPROPRIATIONS.—For  
10 the purpose of carrying out this subsection, there  
11 are authorized to be appropriated such sums as may  
12 be necessary for each of the fiscal years 2001  
13 through 2005.

14 (b) PREMARKET REVIEW OF RAPID HIV TESTS.—

15 (1) IN GENERAL.—Not later than 90 days after  
16 the date of the enactment of this Act, the Secretary,  
17 in consultation with the Director of the Centers for  
18 Disease Control and Prevention and the Commis-  
19 sioner of Food and Drugs, shall submit to the ap-  
20 propriate committees of the Congress a report de-  
21 scribing the progress made towards, and barriers to,  
22 the premarket review and commercial distribution of  
23 rapid HIV tests. The report shall—

24 (A) assess the public health need for and  
25 public health benefits of rapid HIV tests, in-

cluding the minimization of false positive results through the availability of multiple rapid HIV tests;

(B) make recommendations regarding the need for the expedited review of rapid HIV test applications submitted to the Center for Biologics Evaluation and Research and, if such recommendations are favorable, specify criteria and procedures for such expedited review; and

(C) specify whether the barriers to the pre-market review of rapid HIV tests include the unnecessary application of requirements—

(i) necessary to ensure the efficacy of devices for donor screening to rapid HIV tests intended for use in other screening situations; or

(ii) for identifying antibodies to HIV subtypes of rare incidence in the United States to rapid HIV tests intended for use in screening situations other than donor screening.

(c) GUIDELINES OF CENTERS FOR DISEASE CONTROL AND PREVENTION.—Promptly after commercial distribution of a rapid HIV test begins, the Secretary, acting through the Director of the Centers for Disease Control

1 and Prevention, shall establish or update guidelines that  
2 include recommendations for States, hospitals, and other  
3 appropriate entities regarding the ready availability of  
4 such tests for administration to pregnant women who are  
5 in labor or in the late stage of pregnancy and whose HIV  
6 status is not known to the attending obstetrician.

7 **TITLE VI—EFFECTIVE DATE**

8 **SEC. 601. EFFECTIVE DATE.**

9 This Act and the amendments made by this Act take  
10 effect October 1, 2000, or upon the date of the enactment  
11 of this Act, whichever occurs later.

Passed the House of Representatives July 26 (legis-  
lative day, July 25), 2000.

Attest:

JEFF TRANDAHL,

*Clerk.*

**Calendar No. 716**

106TH CONGRESS  
2D SESSION

**H. R. 4807**

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**AN ACT**

To amend the Public Health Service Act to revise and extend programs established under the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, and for other purposes.

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JULY 26, 2000

Received; read twice and placed on the calendar